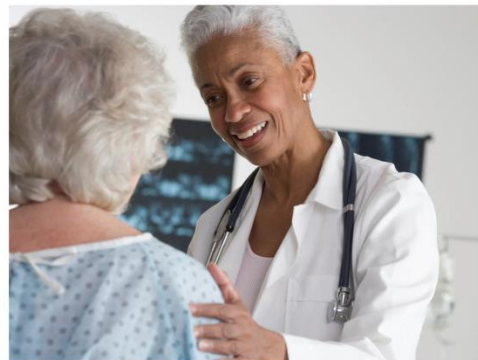




Healthy Aging in Supportive Housing

Toolkit for service providers, developers & property managers



September 2016



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I. Introduction: A Changing Tide

What is often referred to as the “invisible population,” (homeless and formerly homeless elders¹ age 50 and older), can no longer be overshadowed or overlooked. The population has grown significantly - nearly half all single homeless adults are over age 50. The median age of homelessness has risen steadily² and the trend shows no signs of reversing. Projections indicate that the number of vulnerable elders will in fact double by 2050.³ Many people living on the streets are aging and those who have experienced chronic homelessness have been prioritized for housing over the past decade. Further, elders currently in stable housing are at greater risk of homelessness than ever before.⁴

This population has a unique set of needs that distinguishes it from both the homeless and the general elderly populations. Aging adults who have been homeless experience chronic illnesses and geriatric conditions 15-20 years earlier than the general population and are more vulnerable when living unsheltered, subject to isolation, rapidly deteriorating health and premature mortality.⁵ The average life expectancy for an elder who has experienced homelessness is 63 years versus 80 years for those who have not.

Supportive housing, a proven intervention for meeting the unique and complex needs of formerly homeless individuals, is also experiencing a “graying” tenant population that calls for changes to the way that quality supportive housing is delivered. More elderly tenants now than ever before are living in supportive housing developments. About 40% of tenants are now over age 50 - tenants housed years ago have aged in place, and newly housed tenants come from a homeless population that has aged. It is no surprise given this changing tide that affordable and supportive housing developers and service programs across the nation are responding by designing and developing more projects and programs that specifically target aging and elderly adults.⁶ Supportive housing providers are finding that they must view quality housing through an aging lens and deliver solutions that meet these unique needs.

¹ Note: due to the unique characteristics of aging adults who have experienced homelessness, we are defining vulnerable elders as individuals who are age 50 and older, who have experienced homelessness. This population experiences premature geriatric conditions and complex health and mobility issues that are more reflective of people who are 65 and older.

² [2013 Annual Homeless Assessment Report to Congress](#)

³ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)

⁴ Goldberg, J., Lang, K., and Barrington, V. Justice in Aging, Special Report (2016). *How to Prevent and End Homelessness Among Older Adults*.

⁵ The average life expectancy of single homeless adults is 64 for males and 69 for females.

⁶ Supportive and affordable housing pipelines in NY, MA, OH, CA (just to name a few) show many new senior housing projects in development.



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As this population becomes increasingly visible, it is time to devote attention to solutions that meet the unique housing, health and social support needs of vulnerable elders. This toolkit provides key insights, resources and lessons learned that will equip supportive housing stakeholders to develop the solutions that work for their communities. The toolkit focuses on three populations of vulnerable elders that can be served effectively in supportive housing:

1. **Vulnerable elders** (age 50 and older) who have experienced homelessness and have recently secured housing
2. Vulnerable elders who have been living in supportive housing for several years and are **aging in place**
3. Vulnerable elders **living in institutional care** who could live more independently in supportive housing.

This toolkit is for those who want to develop housing solutions for vulnerable elders by creating, enhancing and delivering quality supportive housing. This guide will be especially useful for:

- **Supportive housing developers** that would like to rehabilitate or build new housing projects that effectively meet the needs of aging and elderly tenants.
- **Property managers** that would like to modify or enhance existing or new housing facilities and/or units to effectively meet the needs of aging and elderly tenants, and to plan for future modifications or enhancements as tenant needs change.
- **Service providers** that would like to better meet the complex health and housing stability needs of aging and older tenants in supportive housing.
- **Policy makers** who would like to develop upstream solutions to meeting the needs of this population





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II. The Unique and Changing Needs of Vulnerable Elders

Elders age 50 and older who have experienced homelessness have unique care needs that distinguish them from younger homeless individuals and from the general aging population. Older homeless adults living on the streets experience their health deteriorating at much faster rates than younger homeless, as they struggle to manage a number of complex and co-occurring chronic, physical and behavioral health challenges as well as early-onset geriatric conditions. Due to poor living conditions and diet, lack of access to preventative healthcare, and serious physical and mental health issues, homeless individuals have mortality rates that are three to four times that of the general population.⁷ Older homeless individuals experience these same issues and also experience alcohol-related illness, frailty and cognitive impairments at higher rates and are four times more likely to have one or more chronic illnesses.⁸

In comparison to the general population of elders who are housed, formerly homeless tenants experience higher rates of geriatric syndromes at a much younger age, whether they are newly housed or have aged in place. These syndromes include functional, cognitive and sensory impairment, frailty, susceptibility to falling, incontinence, and difficulty with activities of daily living.⁹

Due to a life of chronic stress from living on the streets, vulnerable elders experience unique behavioral and mental health challenges, physical disabilities and substance use challenges that may be exacerbated by premature geriatric conditions as they age.

Behavioral Health Needs

Many tenants in supportive housing have long histories of substance use challenges, particularly alcohol use. Vulnerable elders who access emergency departments are diagnosed with alcohol dependence much more frequently than those who are younger.¹⁰ Many elder residents in supportive housing report past experiences and persistent challenges with drug and alcohol use. Though supportive housing provides an effective platform for recovery, it must be enriched with the right service interventions to address long histories of substance use and the additional health challenges that elder tenants may experience as a result.

⁷ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)

⁸ Brown, R., Kiely, D., Bharel, M., & Mitchell, S. (2012). Geriatric Syndromes in Older Homeless Adults. *J Gen Intern Med*. 2012 January. Also according to Brown, over 50% of homeless seniors have two or more chronic illnesses.

⁹ *Ibid.*

¹⁰ [Aging and Housing Instability: Homelessness among Older and Elderly Adults](#). *A Quarterly Research Review of the National HCH Council: Vol. 2, Issue 1*



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Vulnerable elders in supportive housing experience age-related cognitive decline at much younger ages than the general population, which often results in conditions like Alzheimer's disease, dementia and memory loss that have behavioral manifestations. These conditions may require new and more intensive service interventions and unit enhancements or modifications with which the supportive housing provider may have little or no experience. These conditions may also cause additional barriers to services and housing stability (that tenants once accessed with little or less support), including health systems navigation, locating and attending appointments, remembering to pay bills, following medical recommendations and being able to conduct activities of daily living. Tenants with cognitive impairments may also develop mental health challenges and may isolate as a way to cope with significant life changes.

Healthcare Access

Although many are eligible for health insurance benefits like Medicare and Medicaid, many vulnerable elders have difficulty accessing these benefits and may seek care in emergency departments to treat the many health conditions they experience as a result of life on the streets. Over half of older homeless adults utilize emergency departments and access these services four times more frequently than their younger counterparts.¹¹ Moreover, homeless older adults tend to postpone seeking treatment for their complex health conditions until they become a crisis. As older homeless individuals transition to supportive housing, they may still engage in these familiar behaviors, particularly if they do not receive enough intensive support to secure benefits and access to care. There is a need for transition supports and frequent engagement for tenants newly entering supportive housing, and close assessment and monitoring of new health issues and benefits eligibility for those aging in place.

The Need for a Continuum of Coordinated and Specialized Services

Vulnerable elders have some specific needs that are best met through coordinating a variety of services, including specialized services. Meeting these unique needs includes providing quality services that are tenant centered, accessible and coordinated. Service programs for this population should provide for unique needs such as increasingly complex primary and behavioral health issues, histories of substance use, early-onset geriatric conditions and chronic health conditions, poor nutrition, barriers to accessing benefits, unique legal challenges, the need for transportation and the need for assistance with activities of daily living. Vulnerable elders also need many more in-home services than younger tenants, which can include specialized care services.

¹¹ *Ibid*



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Permanent Housing is the Platform to Meet These Needs

Vulnerable elders and seniors can access a number of different permanent housing interventions, including supportive housing. Although many vulnerable elders have needs that are best met in supportive housing, the reality is not all of them will secure it, as inventory is scarce and individuals have varying levels of vulnerability. Some will secure units in either single or scattered-site public housing that may or may not be targeted to vulnerable elders. Public housing that is targeted to very low-income individuals aged 62 and older generally falls under what is called the federal Section 202 Program and does include supportive services, but does not include many of the specialized services that vulnerable elders may need. Other affordable public housing is generally managed by city or county housing authorities, and may or may not have any attached services or service coordination programs.

Vulnerable elders may also live in supportive housing, which is the focus of this toolkit and is defined below. Within supportive housing, there are various models. Housing programs may be single-site developments that target one or more vulnerable populations, or may contain units scattered throughout the community in various market rate and affordable housing projects. These developments may target a variety of income levels, including formerly homeless, low-income or mixed-income. Supportive housing developments may also target one or more vulnerable populations, including chronically homeless, individuals with mental health challenges, veterans and other special needs populations. Single-site developments may be stand-alone residential buildings or can be incorporated into larger developments with on-site service centers, day centers, clinics, shelters, recreational spaces and retail spaces.





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III. Supportive Housing and Vulnerable Elders

Supportive housing is essential to address the complex needs of vulnerable elders and to help them avoid costly emergency room visits and institutionalization. Proactively engaging tenants in on-site and community-based services has proven effective in keeping tenants housed and helping them meet their goals. Delivering *quality* supportive housing that is tailored to the unique needs of vulnerable elders is an effective way to meet these needs, allowing tenants the choice to age in their own homes for as long as possible.

Supportive Housing Basics

Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery and personal growth. It focuses on balancing four distinct components of the model — housing, supportive services, property and housing management and community.¹² Quality supportive housing projects are as diverse as the communities in which they are located but all supportive housing:

- **Targets vulnerable households:** whose head of household is experiencing homelessness, at-risk of homelessness, or is inappropriately staying in an institution. They may also be facing multiple barriers to employment and housing stability, including mental illness, substance use and/or other disabling or chronic health conditions.
- **Is affordable,** meaning the tenant household ideally pays no more than 30% of its household income toward rent.
- **Provides real leases:** tenant households sign a lease or sublease identical to a non-supportive housing tenant with no limits on length of tenancy, as long as lease terms and conditions are met.
- **Provides flexible, voluntary services:** proactively engages members of the tenant household with a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of ongoing tenancy.
- **Effectively coordinates** among key partners to address issues resulting from substance use, mental health and other crises, with a focus on fostering housing stability.
- **Provides community connections:** supports tenants in connecting with community-based resources and activities while building strong social support networks.

¹² CSH Quality Supportive Housing Toolkit: <http://www.csh.org/toolkit/supportive-housing-quality-toolkit/gettingstarted/understanding-supportive-housing/#sthash.LSEzV41C.dpuf>



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Quality supportive housing is centered on ensuring the following key outcomes:



To realize these tenant outcomes, supportive housing must deliver on quality in each of its project components: project design and administration, property and housing management, supportive services and community. Quality is measured through the following dimensions. All project components must be:

- **Tenant-Centered**—Every aspect of housing focuses on meeting tenants’ needs
- **Accessible**—Tenants of all backgrounds and abilities enter housing quickly and easily
- **Coordinated**—All supportive housing partners work to achieve shared goals
- **Integrated**—Housing provides tenants with choices and community connections
- **Sustainable**—Housing operates successfully for the long term

This framework for quality supportive housing delivery is meant to be applied broadly to any supportive housing model, regardless of the target population. However, this framework can be viewed with an aging lens to bring practical insights and strategies for effectively meeting the unique needs of vulnerable elders and allow them to age in place while maintaining their independence and choice for as long as possible.

Aging in Place in Supportive Housing

It is possible for individuals to safely age in place¹³ in quality supportive housing. The majority of Americans (78%) wish to remain in their homes as they grow older rather than moving to an institutional care setting.¹⁴ Most vulnerable elders can remain in their homes if comprehensive services are provided that meet increasingly complex and demanding needs.

Quality supportive housing works to address homelessness among vulnerable elders, as it meets these unique needs and can prevent premature placement into costly nursing homes

¹³ Aging in place is defined as “the ability to live in one’s own home and community safely, independently and comfortably, regardless of age, income or ability level.” (Centers for Disease Control)

¹⁴ AARP: [Aging In Place Brief](#)



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or other institutions. Supportive housing that is accessible and coordinated anticipates the level of services needed and provides them conveniently to residents through collaboration, partnership and written agreements to keep tenants housed and living independently.

Not all supportive housing providers, however, are equipped to manage the complex needs of newly housed vulnerable elders or the changing ones experienced by tenants who are aging in place. According to a survey conducted by CSH with New York Capital District, over 60% of providers did not have any formal relationships with home health aid programs or visiting nurse services and 75% did not have any social or wellness activities targeted to their older clients.¹⁵ This gap illustrates the need for developing intentional strategies around new partnerships, collaborations or services to meet increasingly complex and variable health needs. Providers may not have prior experience with these types of changes to service delivery or may not have experience partnering with other agencies that provide these services. Providers have typically accommodated aging in place on a case-by-case basis, working with each tenant on connecting to more or different services or making unit modifications when the time arises. However, as more providers gain skill and experience serving vulnerable elders, key insights and lessons learned can be gleaned from their efforts. These insights can be used to employ a more strategic approach to meeting this population's unique needs, using quality supportive housing as a framework. Supportive housing providers should bring dimensions of quality, tailored to vulnerable elders, to each of the project components.

Supportive
Services

Community
Connections

Property
Management

Project Design

¹⁵ CSH's [Home to Stay: Quality Supportive Housing for Aging Tenants](#)



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IV. Healthy Aging in Quality Supportive Housing: Services – Designing a Services Program

Vulnerable elders living in supportive housing have unique needs that can be met through a robust system of services designed and coordinated strategically to meet these needs. As supportive housing welcomes more elderly tenants and as providers support aging in place, services should be enhanced, tailored and in some cases re-designed to meet increasingly complex needs.

Programs and services provided to aging and vulnerable elders in supportive housing must be comprehensive, age-appropriate and made available onsite or close to community services such as specialized elderly outreach services, assistance with activities of daily living, 24-hour crisis assistance, physical health care, mental health care, substance use treatment, transportation services, representative payee services, care coordination with community providers, nutrition and meal services, and community building activities aimed at reducing isolation. The need for these specialized services may place additional financial burdens on supportive housing providers. Thus, some communities or providers may choose to prioritize access to resources like Home and Community Based Waivers services (HCBW) for supportive housing tenants.¹⁶ Supportive housing providers may need their own support to rise to meet these opportunities.

Designing or Modifying the Services Program

Designing and/or modifying service programs to better meet the needs of older tenants requires understanding of tenant needs and how these can be met through quality services. It requires considerations for how services will be delivered and who will deliver them – the primary services provider, by a partner agency or through referral. Any new services incorporated into an organization's services program will need to come with funding or partner resource options, organizational policies and procedures that will operationalize these services and a determination of the staffing that will be involved in delivering these services. To ensure a quality services program that delivers outcomes, the Dimensions of Quality framework can be used for services that target vulnerable elders:

Tenant Centered: services are voluntary, customized and comprehensive, reflecting tenant needs. Vulnerable elders with histories of homelessness have unique and complex health and support needs, including co-occurring disorders, behavioral health challenges and histories of substance use. Strategies and examples are below, providing guidance on how to meet these unique and changing needs.

¹⁶ ASPE: [Overview of Home and Community Based Waiver Services and Medicaid](#)



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Services assessments

Services assessments should include multidimensional assessments that identify the needs of formerly homeless elders.¹⁷ Quality assessments cover these unique tenant needs and accommodate various modes of delivery (multiple languages, options for hearing and/or vision impaired, etc.) that may require patience and repetition to ensure tenant comprehension. Case managers should administer assessments at intake and throughout a resident's tenancy to identify and monitor changing service needs. It is beneficial for intake assessments to assess food security, mobility and health needs, and include the signing of HIPAA release forms.

Accessible: Tenants are aware of the services available to them and services are available at convenient hours and locations, or arrangements are made to ensure tenants can access these services. Vulnerable elders have high accessibility needs when it comes to services, including needs for reliable transportation, in-home or physically accessible service locations, as well protocols in place for accessing emergency services at any time of day due to health emergencies, falls, etc. Quality service programs monitor tenant eligibility for existing and future benefits programs such as health insurance programs and community programs that become available to people upon reaching a certain age. Ensuring services accessibility for elders also means establishing procedures for facilitating tenant awareness and comprehension of available services. This can include providing support on service applications and using effective channels of information dissemination for each tenant.

24-hour crisis assistance: Supportive housing projects should make 24-hour crisis assistance accessible in case of emergencies or individual crises. This is often a joint effort. Property management usually has primary responsibility except in cases of psychiatric crisis when social service staff members will need to take the responsibility. It is important to develop clear emergency policies and procedures for dealing with safety and crisis, spelling out the chain of command in case of emergency, what information should be provided to emergency services, when to involve on-call staff, when to call 911, knowledge sharing regarding tenant profiles and mobility needs and procedures for disseminating protocols to tenants.

Coordinated: The primary services provider has established connections to mainstream and community-based resources. Resident services coordination is especially important for vulnerable elders who have varying services needs throughout their tenancy, and may need more specialized services than younger tenants. *See below regarding staffing for social services programs that serve vulnerable elders.*

¹⁷ LeadingAge provides comprehensive resources and a toolkit for resident assessment for seniors: http://www.leadingage.org/A_Tool_to_Assess_Housing_Residents_Needs.aspx.

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Integrated: Staff supports tenants in developing and strengthening connections to their community. Quality integrated services also means integrating service delivery across systems to more effectively and efficiently serve tenants. Integrating healthcare and housing support services is especially effective for this population. *See below regarding healthcare coordination, collaborations and partnerships.*

Sustainable: The supportive housing project or program has funding that is sufficient to provide services to tenants on an ongoing basis. Funding is flexible enough to address changing tenant needs. Vulnerable elders have many changing service needs that tend to become increasingly complex over time. This higher demand for services means the need for funding or resources to cover these services in the long term. There are many service and insurance options for vulnerable seniors, but less so for those who are under age 65. It is important that service program staff monitor service, insurance and other benefits eligibility to ensure that tenants receive the care and services to which they are entitled.

Strategies for meeting the most pressing needs of vulnerable elders follow, along with common resources and examples for how these tenant-centered services can be delivered.





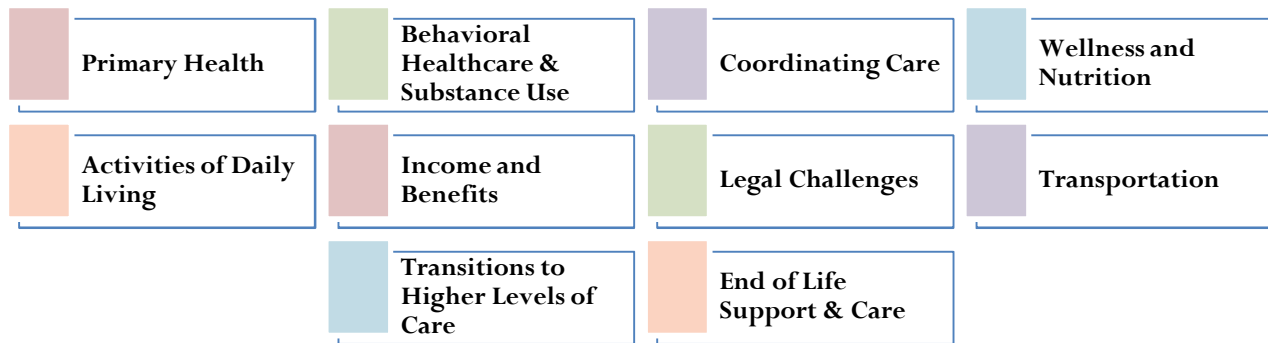
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V. Healthy Aging in Quality Supportive Housing: Services – Meeting Needs Through Services

Meeting the Needs of Vulnerable Elders

Individualized service- and self-directed care plans¹⁸ must take into account the interplay of chronic, often co-occurring, health conditions with the normal physical and psychological changes that come with accelerated aging as a result of years of hard living on the street or in shelters and unattended health needs. At minimum, newly or modified service programs for serving aging tenants should include strategies for addressing the following issues:



Managing Unique Health Challenges: Primary Care

As aging individuals with complex health needs attempt to navigate the health care system, they often encounter a very complex, fragmented, and confusing system that leads to gaps in care and reduced quality of life. While supportive housing is prepared to meet the needs of homeless individuals with special needs, current programming falls short in meeting the physical and behavioral health needs of those who are older, those wishing to age in place and to prevent premature displacement into costly institutions like nursing homes. Vulnerable elders often need specialized supports as they age, and it is important that housing providers consider these needs when designing or modifying service programs for this population. Integrating healthcare more closely into supportive housing is particularly beneficial for a population with healthcare needs that increase over time. This can be an

¹⁸ Self-directed care gives increased autonomy to clients to make choices in which services (usually mental health and recovery) are best for them. In a sense, clients act as their own case managers and may manage their own services budgets. The Centers for Medicaid and Medicare Services provides guidelines for self-directed services covered through Medicaid.

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/delivery-systems/self-directed-services.html>



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important step in addressing emerging health issues early, and preventing the need for institutionalization among those who require frequent health services.

In-home healthcare and visiting health staff: preventing tenants from entering institutions is paramount and may require specialized health staff like nurses and in-home care givers to serve tenants in their units or on site. Supportive housing providers should consider establishing healthcare partnerships to identify opportunities for in-home healthcare.

Mobile health services: older tenants are less mobile than younger ones and may need full services to come to them, as they are either unable to or will not travel offsite for these services. Some community health centers offer mobile services, and technology is becoming increasingly important in serving seniors remotely through programs like telemedicine that can deliver patient assessment, monitoring and follow-up as well as mental health therapy. Telemedicine may also help prevent seniors from entering institutions like nursing homes.¹⁹

Discharge planning with hospitals and care facilities: Discharge from any care setting can be a vulnerable time for elders, as there are often few resources to adequately care for patients moving between care settings. Without proper care or advocacy to receive needed care, health and safety risks increase, which could lead to hospital readmissions. The Center for Medicare and Medicaid Services (CMS) requires discharge planning for all inpatients covered by these benefits.²⁰

Discharge planning is a team approach between service providers, frontline care staff and housing staff, though it should be noted that hospitals and treatment facilities have their own discharge procedures. Supportive housing services staff and property management staff or housing partners should develop plans for elder residents that can accommodate high levels of support and provide advocacy when needed. Although each discharge plan will differ by resident and by care facility, service teams should develop procedures for coordinating continuous care across multiple systems and for connecting with a variety of resources that meet complex tenant needs. Housing providers should begin communication with treatment providers about discharge needs and procedures at the time of admission to minimize risks and potential gaps in support or care. An effective practice is for executive-level housing provider staff to develop proactive outreach with local hospital or care facility discharge staff.

¹⁹ CNBC article: [Telemedicine Keeps Seniors Out of Nursing Homes](#)

²⁰ Discharge planning requirements: <https://www.federalregister.gov/articles/2015/11/03/2015-27840/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>



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Discharge plans or strategies should include considerations for transportation, food security, linkages to home health aides and access to/assistance with required medications. It will be important for service teams and property management staff to work closely together during this critical transition period. Property management staff should consider more flexible housing policies that permit hospital stays without losing housing or service program eligibility. Supportive housing funders like HUD are generally flexible about the duration of hospital stays, provided there is proper documentation.

Elders who have experienced homelessness suffer from higher rates of chronic conditions and may have limited knowledge of how to manage their conditions. Service team staff in supportive housing is responsible for encouraging compliance with doctors' treatment orders and offering guidance on behaviors that improve health outcomes. Case managers and other services staff should educate tenants about the importance of regular doctor visits, nutrition and diet, medication adherence, and stress management.

Resources:

- [Medicare's Discharge Planning Checklist](#)
- U.S. Administration on Aging's [Care Transitions Resources](#)
- Care Transitions Guidance for [Aging and Disability Resource Centers](#)
- CMS's [Community-Based Care Transitions Program](#)
- CMS's [Partnership for Patients](#)
- [Medication Management & Care Transitions Online Training Course](#)

Medication assistance: Managing medications may become increasingly difficult for tenants experiencing cognitive decline or mental illness. Elder residents, particularly the formerly homeless, take more medications than any other age group. Changes in tenant behavior may be due to complications or noncompliance with medication, and can create other health problems. Supportive housing providers have limitations on directly providing medication management for tenants, but can provide medication assistance.²¹ Medication management restrictions and requirements vary by state, and providers should be well informed of what is possible.

Supportive housing staff should work closely with residents and their physicians to develop plans for in-home medication assistance, as well as contingency plans when regimens are not followed. This requires the service team to have accurate, complete and current medication information. A helpful practice is for agencies to also keep a list of pharmacies used by tenants and their contact information. Providers should also review medication

²¹ Medication assistance includes giving tenants reminders about when to take medication, storing and handling medications and documenting resident medication history.



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lists with clients and document these reviews, giving copies to tenants and updating these lists as needed.

If onsite staff does not have the capacity to implement medication assistance internally, the supportive housing provider can enter into written agreements with medication assistance or management providers recognizing that the need for this service is inevitable as formerly homeless tenants with extensive physical health and behavioral health issues age. This may require separate written agreements with primary and behavioral health providers. Providers should build in the coordination of medication management into their service programs, as this will be an inevitable need for tenants as they age. Providers should keep contact information for any medication management services provided by external partners. Regardless of which entity provides medication management to tenants, housing and service team staff should be trained on medication ordering and medication delivery/receipt procedures.

Resources:

- [CHAMP Geriatric Medication Management Toolkit](#)
- [Area Administration on Aging Medication Management Resources](#)

Anticipating early-onset cognitive decline: Older tenants generally experience cognitive decline at much earlier ages than younger tenants. Case managers and resident service coordinators should anticipate this condition for formerly homeless tenants over age 50 and ensure that changes in behavior or ability to perform activities of daily living are communicated to the tenant's healthcare professional, and that additional supports such as occupational therapy or in-home care are provided when needed. The physical environment of the supportive housing unit or site may also complement service supports for cognitive decline. *See design considerations below in the Project Design section.*

Specialized geriatric supports

Service staff in supportive housing can support tenants as they manage symptoms related to geriatric conditions; however, tenants may be best served with specialized professional support. If the single- or scattered-site supportive housing project cannot afford to hire an on-staff geriatrician, local medical groups or health centers that accept Medicare or Medicaid may prove to be very valuable resources, and can make well-informed referrals to other specialist and doctors as needed. Providers may also consider strengthening chronic disease management services with service partnerships to provide frontline geriatric nursing triage and nurse case management.²²

²² http://www.nhchc.org/wp-content/uploads/2011/09/infocus_september2013.pdf



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Preventing Falls

Older tenants in supportive housing are prone to falling at younger ages and falls are the leading cause of injury for this population.²³ This can lead to hospital stays and serious health conditions. Service programs that incorporate strategies that promote balance and regular health assessments and screenings are effective in preventing falls among elder tenants. The Centers for Disease Control also recommends a number of health and wellness practices to prevent falls, including having regular eye exams, evaluating medications for side-effects, and promoting exercise for balance.²⁴

Resources:

- The [National Council on Aging](#) serves as the national resource center for falls prevention and provides information on falls prevention programs, education resources and funding opportunities.
- [Medicare covers some fall risk assessments](#)

Leading Programs in Primary Care Services

Program of All-inclusive Care for the Elderly (PACE)²⁵

Programs of All-Inclusive Care for the Elderly (PACE) provides a comprehensive set of social and medical services to seniors that allows them to continue living in their own homes for as long as possible. According to a report by Center for Health Care Strategies, Inc., experts noted that many frail elders moved unnecessarily to more costly long-term care settings such as Medicaid funded skilled nursing facilities due to the lack of coordinated and flexible in-home supports and services that could help them remain at home. These findings prompted the creation of community programs to provide mobile and flexible supports to help elders remain in their homes.

PACE serves individuals who are age 55 or older, certified by their state to need nursing home care, able to live safely in the community at the time of enrollment and live in a PACE service area. PACE's interdisciplinary team delivers in-home care, therapies, rehab, social services, transportation, adult day care, meals, respite care and medical care. Seniors may visit a PACE Center a few times a week or the PACE team may bring services to the senior's home. PACE providers also contract with mental health specialists to deliver behavioral

²³ Administration on Aging: http://www.aoa.acl.gov/AoA_Programs/HPW/Falls_Prevention/index.aspx

²⁴ http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014-ch4.pdf

²⁵ PACE Program Overview: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/integrating-care/program-of-all-inclusive-care-for-the-elderly-pace/program-of-all-inclusive-care-for-the-elderly-pace.html>



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health treatment. PACE can be covered by Medicaid costs, though not all states offer this benefit, and not all communities have PACE-certified organizations.²⁶

[Click here to access the CSH service program profile for PACE.](#)

Adult Day Health Centers

ADHCs are not as intensive as PACE programs, but do provide a safe and secure location for seniors to access social and health services delivered by health care professionals. ADHCs accept PACE participants who are dual eligible (Medicare and Medicaid) but neither fund ADHC as a specific benefit unless through a Medicaid waiver. In some instances Medicare pays for certain services offered by an ADHC when prescribed by a doctor.

[Click here to access the CSH project profile for Mercy Housing Mission Creek Apartments.](#)

Resources

- [National PACE Association](#)
- [PACE and Medicare/Medicaid Payments](#)
- [Adult Day Services Centers in the U.S.](#)
- [Home and Community Based Services for Medicaid Beneficiaries](#)
- [Administration on Aging In-Home and Long-Term Care](#)

Managing Unique Health Challenges: Behavioral Health, Mental Health and Substance Use

Homeless individuals of any age are more likely to experience co-occurring mental health and/or substance abuse issues than the general population.²⁷ Moreover, chronically homeless individuals experience much higher rates of mental health and substance use issues.²⁸ Homeless and formerly homeless elders are also more likely to have cognitive impairments than their younger counterparts. As this population has long histories with mental illness and co-occurring disorders, these individuals have behavioral health needs that can require specialized care and ongoing or long-term treatment.

²⁶ Determine if your community has a PACE Center: <https://www.medicare.gov/find-a-plan/questions/pace-home.aspx>

²⁷ According to the Substance Abuse and Mental Health Services Administration, [20-25% of the homeless population experiences severe mental illness](#) This is compared to 6% of the general population.

²⁸ [30% of chronically homeless individuals have mental health conditions and 50% have substance use issues.](#)



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Mental health symptoms and substance use disorders can aggravate other medical conditions and lead to an earlier functional decline. Formerly homeless tenants in supportive housing may have histories of substance use or might currently be experiencing substance use challenges. Substances can interact with an individual's prescribed medications causing additional health challenges.

Supportive housing that serves vulnerable elders with co-occurring health and substance use challenges requires high-quality behavioral health treatment to ensure long-term housing stability. The current best practice is establishing or coordinating integrated care teams that serve tenants with co-occurring medical and behavioral health challenges.²⁹

Many service providers in supportive housing enter into written agreements with mental health care service providers recognizing the need to make effective referrals in times of mental health crisis. If a tenant whose symptoms are out of control is engaged in mental health services, then the goal is to coordinate treatment with the entire team so everyone is aware of behaviors, living conditions, and interventions. For tenants who are not linked to mental health services, it is important be ready when they are ready. Providers should have referral forms for appropriate mental health services and treatment programs and make the linkage as quickly as possible.

[Click here to access Heartland Health Outreach Pathways Home service profile.](#)

Leading Programs in Behavioral Health

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)³⁰

Healthy IDEAS is an evidence-based program managed by Care for Elders and Baylor College of Medicine, and is designed to detect and treat the symptoms of depression in seniors with chronic health conditions and/or mobility issues. The program integrates depression awareness and management into existing case management services provided to older adults. The model has been replicated by organizations in 22 states across the nation. The main components of Healthy IDEAS are:

- 1) Screening and Assessment of Depressive Symptoms
- 2) Education about Depression and Self-Care for Clients and Caregivers
- 3) Referrals and Coordination with Mental and Physical Health Services
- 4) Empowering older adults to manage their depression through involvement in meaningful activities

²⁹ SAMHSA: [Integrated Care Models](#)

³⁰ The [Healthy IDEAS website](#) provides program details, educational material and trainings.



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Resources:

- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities](#)
- [Depression and Anxiety: Screening and Intervention](#) (issue brief)
- [Expanding Home and Community-Based Behavioral Health Services for Older Adults](#) (issue brief)
- [Financing and Sustaining Older Adult Behavioral Health and Supportive Services](#) (issue brief)
- [Substance Use Among Older Adults Treatment Improvement Protocol](#)
- [Center for Substance Use Prevention](#)

Coordinating Care

Developing appropriate service plans for vulnerable elders is often complicated by the interplay of chronic physical illnesses, mental illnesses, and addictions with the normal physical and psychological changes that come with age. Individualized health treatment plans should take this into account and work to coordinate services across systems and offer services simultaneously and in one location when possible. Care coordination and continuity of care are particularly important for vulnerable elders, as they often have health problems that are treated by several clinicians, often in different locations. Further, vulnerable elders often have co-occurring and/or chronic conditions. Of individuals with chronic conditions who are hospitalized, nearly half are re-hospitalized within 90 days.³¹ Treating multiple conditions simultaneously and effectively requires careful coordination of services.³²

The level of care coordination needed for each resident in supportive housing will depend on their complexity of needs. Coordinating care is already a component of the health system, though it is often not proactive and comprehensive enough to meet the complex care needs of vulnerable individuals.³³ Best practices for coordinating care for individuals with complex conditions includes a comprehensive needs assessment, individualized care planning, facilitating access to needed services and communication and monitoring.³⁴

Making use of multidisciplinary service teams that can provide “one stop” access, and facilitate coordination, has been found to be a successful approach. Providers have also found that offering services on site is ideal for older tenants who might have difficulty

³¹ Brown, R. The Promise of Care Coordination: Models that Decrease Hospitalizations and Improve Outcomes for Medicare Beneficiaries with Chronic Illness. March 2009.

³² [Quality Indicators of Continuity and Coordination of Care for Vulnerable Elder Persons](#)

³³ Challenges in coordinating care: <https://pcmh.ahrq.gov/page/coordinating-care-adults-complex-care-needs-patient-centered-medical-home-challenges-and>

³⁴ *Ibid*



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traveling to off-site services. Lessons learned from evidence-based models of care coordination for all vulnerable populations include access to timely data on care delivery for members of an interdisciplinary team, a focus on smooth transitions between care settings, mental and psychosocial health must be incorporated into the team's efforts.³⁵ For vulnerable elders, effective care coordination includes comprehensive geriatric assessments and transitional care coordinated as a team effort by physicians, nurses and the housing and social services staff.³⁶

Resources:

- [CHAMP: Care Coordination, Management & Transitions](#) best practices
- [How Principles of Geriatric Care Can Be Used to Improve Care](#)

Supporting Activities of Daily Living

Vulnerable elders may have significant challenges in completing activities of daily living (ADLs), such as cooking, cleaning, doing laundry and bathing as well as instrumental activities of daily living (IADLs), such as travelling to medical and other appointments, taking medications, and paying bills. Such challenges are often due to limited mobility or cognitive impairments, and aging tenants may benefit from living in housing that has been thoughtfully designed with their safety and independence in mind. Staff in supportive housing must be properly equipped through training and staff development to assess any indication of physical and/or cognitive decline of a tenant that may require arranging for additional services such as in-home care, visiting nurse services, housekeeping services or even hospice care in order to prevent or delay a person from having to move into an institution in their final days. Some in-home care options follow.

Home and community-based (HCB) services: provide assistance with activities of daily living with the goal of providing the support needed so tenants can remain in their homes. Services include support with bathing, dressing, running errands and personal care. These services are delivered in a number of different housing settings, including supportive housing.

Funding/Resources: Every state allows Medicaid to cover at least some of these services, a reason to ensure that tenants are enrolled in Medicaid if they are eligible.³⁷ In some cases, however, tenants may need to prove they are at risk of nursing home placement in order for

³⁵ [Eldercare Workforce Alliance: Care Coordination and Older Adults](#)

³⁶ [CHAMP: Care Coordination, Management and Transitions](#)

³⁷ [Home and Community-Based Long-Term Services and Supports for Older People: Fact Sheet](#)



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Medicaid to cover HCB services.³⁸ The Older Americans Act also covers in-home assistance, meals and adult day services.³⁹ These funds are allocated in varying amounts to each state and programs can apply for these funds through grant opportunities.

Occupational therapy: aging tenants may find a new need for occupational therapy, either due to gradual changes in mobility, health challenges like arthritis or the inability to perform activities of daily living. Occupational therapy can also help improve the quality of life for tenants experiencing memory loss,⁴⁰ and can make recommendations for fall prevention.

Resources:

- [About Home and Community Based Services](#)
- [Home and Community Based Services Funded Through Medicare and Medicaid](#)

Promoting Wellness & Nutrition

Older tenants may be on restricted diets or may have difficulty preparing their own meals. Linking tenants with meals benefits can help tenants follow dietary restrictions and can provide healthy meals when tenants are not able to prepare them. Supportive housing providers should consider offering nutrition and meals-focused classes or groups to educate and support seniors to meet health goals. Examples include resident cooking classes, nutrition workshops related to commonly-experienced health challenges, low-cost healthy meals, cholesterol control and recipe exchanges. Providers might also consider partnerships and collaborations with farmers markets, grocery stores, restaurants and bakeries to coordinate donations of healthy food. Public benefits like Meals on Wheels, Food and Nutrition Assistance and Medicaid-funded meals programs can all be important sources of prepared meals or free assistance for tenants.⁴¹

Though older tenants may have mobility challenges, exercise and fitness resources can help meet health goals, improve cognitive functioning. While this can be an on-site fitness center, this could also include classes and activities such as walking, mild aerobics, weight training, balance and coordination training, dance and yoga. These supports can be offered free to seniors in the community (depending on the community) or housing providers can bring professionals such as occupational therapists and fitness trainers on site. Many

³⁸ *Ibid*

³⁹ Resource for how to coordinate Medicaid and Older Americans Act funds for HCB services:

<http://www.nasuad.org/sites/nasuad/files/Fact%20Sheet%20-%20Medicaid%20Third%20Party%20Liability%20and%20OAA%20FINAL.pdf>

⁴⁰ Occupational therapy for seniors overview: <http://www.seniorhomes.com/p/occupational-therapy/>

⁴¹ <http://www.senior-meals.org/Food-Assistance/Medicaid-Meal-Delivery.html>



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public swimming pools also offer low-cost or free swimming and water aerobics classes to seniors (age 62+).

Resources:

- **Older Americans Act** funding provides home-delivered meals for those age 60 and older, and target populations with the greatest social and economic need.
- [ACL's Other Health and Wellness Programs](#), [Brain Health Information](#)
- National Institutes of Health: [Senior Health](#)
- Centers for Disease Control and Prevention: [Healthy Aging](#), [Healthy Brain Initiative](#)

Securing Income & Benefits

Securing income supports is crucial for any population, more so for formerly homeless seniors with complex primary and behavioral health challenges, who frequently need a wide variety of services. Many formerly homeless older adults will not re-enter the traditional workforce,⁴² so public benefits are likely the only source of income they will receive for the rest of their lives, and they should be maximized to ensure long-term tenant financial stability.

The majority of formerly homeless seniors are eligible for public benefits such as SSI, SSDI, Medicaid and Medicare. Many are considered dually eligible for Medicaid and Medicare, which can bring additional benefits programs that vary by state.⁴³ Supportive housing providers should ensure that tenants are enrolled in benefits for which they are eligible and should keep track of when tenants may become newly eligible for benefits to provide enrollment support. New benefit sources may also impact housing assistance, and new housing situations may impact benefits, but this can be addressed with proactive support to help tenants report changes in income or housing status.

Special considerations should be made when providing benefits enrollment support to older tenants. For example, they may need special accommodations for loss of hearing or sight and mobility challenges. They may also have a reduced understanding of their eligibility, applications and requirements due to cognitive decline.

⁴² This refers to the traditional employment as opposed to one-off jobs or entrepreneurship

⁴³ Center for Medicare & Medicaid: Dual Eligible Beneficiaries: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf



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The importance of securing SSI benefits: Many tenants with disabilities qualify for SSI benefits. It's important to support tenant enrollment in this benefit, as other benefits like Medicaid may depend on SSI eligibility.⁴⁴

Healthcare Insurance

Vulnerable elders newly housed in supportive housing and those aging in place have a variety of unique health challenges, many of which increase in severity over time. Healthcare services will likely be a large component of a vulnerable elder's long-term services plan, and affordable health insurance removes barriers to the majority of needed health services as costs for these services rise as tenants age. Low-income vulnerable elders are entitled to free health insurance coverage through programs such as Medicaid, Medicare and the Veteran's Administration.

It is imperative that supportive housing providers understand the eligibility requirements for these benefits programs and provide enrollment support for those tenants who are not yet enrolled in the programs for which they are eligible. Tenants may also become newly eligible for Medicare, for example, when living in supportive housing. It is also important to monitor changes to eligibility and service entitlements so that tenants can access the entire array of services that are available to them.

Medicaid

Medicaid is public health insurance that provides essential medical and medically related services. The states and the federal government jointly finance the Medicaid program.

Eligibility: Medicaid eligibility varies by state, but federal law and regulations from the Center for Medicare and Medicaid Services (CMS) require a core set of benefits that all states must provide. The remaining eligibility requirements are determined separately, state by state. Many states have elected to expand Medicaid coverage under the Affordable Care Act, while others have not. For non-expansion states, Medicaid eligibility may require the tenant to have a disability that would make them eligible for SSI.⁴⁵

Coverage: In every state, Medicaid generally covers certain basic services such as inpatient and outpatient hospital services, physician services, skilled nursing facility services, home health care services and some transportation and prescription drugs. Additional coverage can vary by state.

⁴⁴ A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing: <https://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>

⁴⁵ A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Supportive Housing: <https://aspe.hhs.gov/sites/default/files/pdf/77121/PSHprimer.pdf>



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Medicaid can also pay for some service in supportive housing, including case management, services coordination and rehabilitative services, all of which vary by state.⁴⁶ Supportive housing providers should understand the new and emerging Medicaid coverage opportunities in their communities⁴⁷ to ensure that vulnerable elders can connect with those opportunities that benefit them.

Managing the Benefit: Providers will need to partner with other service providers that bill Medicaid if they do not bill Medicaid themselves, to ensure that Medicaid-eligible services are covered. If your agency provides Medicaid-eligible services, you may also consider becoming a Medicaid biller. Even if your agency does not bill Medicaid, your supportive services staff should understand how to manage this benefit. This includes managing Medicaid asset spend-downs, understanding how Medicaid interacts with other benefits and helping tenants navigate the eligibility and enrollment processes.

Medicare

Eligibility: Medicare insures persons over age 65 regardless of income. Medicare beneficiaries are primarily seniors but include a sub set of younger people that have been determined to have long-term disabilities, which include persons with physical disabilities, mental health or intellectual disabilities. Medicare is a nationwide program, meaning that persons with ‘non-managed’ Medicare receive the same benefits, regardless of the state in which they reside. It should be noted that this contrasts sharply with Medicaid, whose benefit package differs from state to state.

Coverage: As of July 2016, Medicare covers 57 million persons, though that number is expected to grow substantially over the next decade as the Baby Boomer generation reaches retirement age. In 2015, Medicare comprised 20% of health spending nationwide and 15% of spending in the federal budget.⁴⁸ That translates to \$540 billion in 2015. Medicare is separated into Part A, Part B and Part D. Broadly defined, Part A covers inpatient care, Part B covers outpatient care and Part D covers prescription medications.

Medicare covers persons regardless of income, and for persons with specifically determined low incomes, Medicaid is the most common secondary payer, paying for Medicare deductibles and other services that Medicare does not cover, or cannot cover completely. The Affordable Care Act has been credited with slower growth in the Medicare program, so that these costs don’t overwhelm the American economy. The average annual growth rate

⁴⁶ A Quick Guide for Improving Medicaid Coverage for Supportive Housing Services

⁴⁷ The Medicaid website provides [comprehensive state profiles](#) on Medicaid administration, eligibility and coverage

⁴⁸ <http://kff.org/medicare/issue-brief/the-facts-on-medicare-spending-and-financing/>



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of Medicare spending has decreased from 9.0% between 2000-2010 to 4.4% between 2010 and 2015. Public plans such as Medicare have grown at slower rates than private plans across the nation.

Of the total 57 million Medicare enrollees, 9 million are persons with long-term disabilities. This includes coverage for all persons with end stage renal disease and many with psychiatric or intellectual disabilities. The Medicare coverage most commonly begins after two years of income supports from Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). If a person has already has Medicaid coverage, it's highly variable when or if they will be enrolled in Medicare prior to age 65. Those with long-term disabilities are eligible for the same coverage as those who have reached age 65.

Plan Types: Medicare beneficiaries have the option of enrolling in Managed Care or what is called Medicare Advantage plans.⁴⁹ By 2016, 31% of Medicare beneficiaries are enrolled in a Medicare Advantage plan.⁵⁰ These have been an option since the 1970s under a variety of names such as Health Maintenance Organizations (HMOs) or Medicare + Choice; however, the name has been Medicare Advantage since 2003. Medicare Advantage offers the coordination of care and flexibility of health plan coverage. The term “straight Medicare” means the person is covered by the national program and entitled to the same benefits regardless of which state they live in. Medicare Advantage plans, as commercial carriers or Health plans, are subject to the insurance laws of the state in which they operate. Some plans cover Part A and Part B (Inpatient and Outpatient), while other plans include those benefits PLUS Part D (prescription drug coverage).

- **Coverage: Medicare Part A** covers hospital stays and the first 20 days in a skilled nursing facility after a qualifying hospital stay. Seniors pay a copay for days 21-100. After the 100th day the senior is responsible for the full cost. Part A will pay for up to 190 days at a psychiatric facility throughout a person's lifetime. Part A can also pay for hospice care and “skilled” home health care if ordered by a doctor. The tenant must be homebound defined as leaving the house only occasionally and with great difficulty. Home health services may be approved for no more than 28 hours per week and services must be delivered by a Medicare-certified agency.
- **Coverage: Medicare Part B** pays for doctor visits, services, and tests. Part B premiums are deducted from seniors' Social Security checks.

⁴⁹ <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/how-medicare-advantage-plans-work.html>

⁵⁰ <http://kff.org/medicare/fact-sheet/medicare-advantage/>



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- **Coverage: Medicare Part D** is the prescription drug program. The Low Income Subsidy also known as the *Extra Help Program* offers discounts for qualified households.

Navigating Medicare: Medicare communicates primarily through mail or email and often in health care language, which can be very confusing to most people. The ACA funded navigator positions, which are filled by staff trained specifically in this language. Where navigators operate, they can help both supportive housing residents and staff understands what Medicare correspondence means in terms of coverage and benefits. Some of these navigator positions can be found at Federally Qualified Health Centers or FQHCs.

It is beneficial for supportive housing service providers to designate and train key staff members to understand these communications and their implications for the care your residents will receive. During the enrollment process or when coverage changes, Medicare will use a process called “Auto Enrollment,” meaning that persons will have choices regarding their health plans. However, if choices are not selected in a timely manner, the program will ‘auto enroll’ the person in a health plan. For Medicare, this means the person cannot elect another health plan until the Open Enrollment period begins.

Managing the Benefit: Just as supportive housing providers track income amount and source of residents, it is recommended that they also track each resident’s insurance coverage and carrier to be sure that tenants are receiving the benefits to which they are entitled and for ease of advocacy if issues should arise. If a provider is advocating for services, either within their own agency or another agency, they will need to know who covers the service. And while this will be a challenging short-term project for current residents, the information will be helpful in planning for service program sustainability and accessing services long-term. If collecting this information is part of your lease-up packet, for example, the information can be an easily accessible part of your agency records.

Medicaid/Medicare Dual Eligibility: Most vulnerable elders in supportive housing are dually eligible for both Medicaid and Medicare. “Dual eligibles” are persons who are eligible for both Medicare and Medicaid insurance coverage. These persons fall into these categories: senior and low-income, senior disabled and low-income or long-term disabled and low-income. They receive Medicare because they are 65 and older and Medicaid due to their low incomes. Medicare has significant co-pays, deductibles and premium costs to the consumer and Medicaid often covers these costs for low-income beneficiaries. Medicaid functions as a ‘third party payer’ in relation to Medicare for persons who are dually eligible. A person’s Medicaid coverage cannot pay for a service, however, without prior



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documentation from Medicare that the service is not covered or the person has already received their lifetime limits for the service. Navigating this system can be rather complex and it is recommended that in specific cases, a supportive housing provider might need to consult with the Legal Aid, Medical-Legal Partnerships or Health Law experts in your community.⁵¹

Advocates have noted over the years, the lack of alignment between Medicare and Medicaid. “Alignment” in this case means that there is overlap as well as gaps in coverage between the services funded by Medicare and Medicaid. To address these issues, as part of the Affordable Care Act, The Center for Medicare and Medicaid Services currently operates a dual eligible demonstration project in 13 states.⁵² In these demonstrations, the state or health plan manages the resources of both Medicare and Medicaid and can resolve the alignment issues within their operations. CMS hopes that through these integrated entities, they will discover all the places where Medicare and Medicaid are not aligned and build that alignment for current and future persons with dual eligibility.

Benefits Advocacy: Finally, CSH recommends that supportive housing providers collect and have easy access to the insurance coverage information for their residents. It is important that supportive housing providers understand eligibility requirements for the various types of health insurance and may need to work with state agencies to fully understand the unique circumstances and nuances of eligibility, enrollment and coverage. As tenants age in supportive housing their needs for services will change. Some level of staffing or resources can be adapted, though some residents will need specific home health or specialized services such as visiting nurses and physical therapy. Supportive housing providers will likely need to form new partnerships with specific expertise to effectively meet long-term needs.

Resources:

- [State Health Insurance Assistance Program](#): provides local, personalized assistance to people with Medicare and their families.
- [Medicaid information by state](#)
- [Medicare information](#)
- [Area Agencies on Aging](#) conduct outreach on benefits management in communities and provide public education opportunities around benefits.

⁵¹ <http://medical-legalpartnership.org/>

⁵² <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/ApprovedDemonstrationsSignedMOUs.html>



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Anticipating and Preventing Legal Challenges

A comprehensive service delivery program does not overlook legal services as part of a tenant's individualized services plan to retain housing stability in the long term. Older tenants may have additional legal service needs than younger tenants. Older tenants are susceptible to financial exploitation and elder abuse and may require legal services if they fall victim to these. Tenants experiencing cognitive decline may need or want a third party to make medical and/or financial decisions for them according to the directive. Legal services to support advanced directives can proactively help tenants manage their housing stability and health. Service providers can partner with low-cost legal or paralegal services to provide advanced directives for residents. Many attorney and law firms also have a requirement to provide pro-bono legal services. It may be worth considering partnership and collaboration opportunities such as onsite legal clinics or service days to meet these needs.

Estate Planning & Effects of Medicaid/Medicare

One often overlooked service need for formerly homeless older adults is legal services, perhaps the most overlooked piece being estate planning considerations for preventing unintended financial burdens for the families of these tenants. For example, if a tenant was enrolled in Medicaid at the time of his/her death, there may be financial or eligibility impacts for his/her children if they are also enrolled in Medicaid. Medicaid will make a claim on that parent's assets at the time of his/her death, which in some states can be avoided through the creation of living trusts.⁵³

Estate planning documents can also help direct caregivers and appointed executors to carry out a vulnerable elder's wishes as they near the final stages of life or if they become incapacitated and unable to make financial and medical decisions. Documents like living trusts, wills and powers of attorney can prevent financial burdens and enable designated people to act on the resident's behalf to carry out their wishes pertaining to their life and assets. Many vulnerable elders may not have significant assets to protect, particularly if they have had to spend them down to become eligible for Medicaid. However, living trusts and wills can still be beneficial, especially if the resident has family members who may be impacted by his/her assets or debts. It is important for supportive housing providers to locate affordable legal services in their communities. Attorneys in many states are required to provide a certain amount of pro-bono hours per year, so it may be worth exploring these options on a case-by-case basis for tenants in need.

⁵³ Summarized interview with Stephen Bezaire, a certified specialist in estate planning law in California and Wisconsin.



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Elder Justice

Elder residents can become victims of elder abuse in many ways, from physical to financial abuse. Aside from establishing internal policies and strategies to prevent various types of elder abuse, supportive housing services programs should develop advocacy strategies and procedures for when an elder tenant is targeted.

Leading Program: Medical-Legal Partnership

The National Center for Medical Legal Partnership embeds lawyer and legal professionals with health care teams to health-harming social conditions for vulnerable individuals.⁵⁴ The integration of health and legal services is especially beneficial for aging individuals with complex health challenges who may need professional advocacy to receive the care they need. Medical legal partnerships across the US have had success in improving housing conditions and decreased hospitalizations for those with chronic illnesses. The Center provides toolkits for establishing medical-legal partnerships and provides state profiles on existing partnerships.

Resources:

- [Center for Medical-Legal Partnerships](#)
- [Area Agencies on Aging Legal Resources](#): provides support with elder abuse issues, guardianships, health and long-term care public benefits, general advocacy
- [Elder Justice Coalition](#)
- [National Committee for the Prevention of Elder Abuse](#)
- U.S. Department of Justice: [Elder Justice Initiative](#)
- [American Bar Association's Commission on Law and Aging](#)
- [National Council on Aging's Elder Advocacy Toolkit](#)

Transportation Services

Transportation has often been referred to as the most important part of accessing services and amenities located outside of the housing site. Many vulnerable elders might not access resources simply because the transportation is not sufficient. Lack of transportation may also prevent elders from accessing needed medical or behavioral health appointments and prevent them from visiting with family.

Providers should secure as many transportation resources as possible for any services or amenities located offsite. They can do this by establishing partnerships, using volunteers and taking advantage of transportation costs covered by Medicaid.

⁵⁴ [National Center for Medical-Legal Partnership](#)



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Resources:⁵⁵

- **Volunteer driver programs:** Local faith-based and nonprofit organizations frequently have a network of volunteers who offer flexible transportation for shopping, doctors' appointments, recreation, and other activities.
- **Paratransit Service:** Public transit, aging organizations, and private agencies provide door-to-door or curb-to-curb transportation using mini-buses or small vans. Curb-to-curb service provides for passenger pick-up at the curb or roadside. Paratransit and van services offer reduced fares for older adults and persons with disabilities.
- **Door-through-Door (Escort) Service:** Agencies provide drivers or escorts who offer personal, hands-on assistance by helping passengers through the doors of their residences and destinations, as needed. This type of service includes several levels of assistance from opening doors and providing verbal guidance, to physical support. Persons with severe physical or mental disabilities typically use this service.
- **Public Transit/Fixed Route Service:** Public transit agencies provide bus and rail services along established routes with set schedules on a non-reservation basis — also referred to as “public transportation” or “mass transit”. Reduced rate fares and additional transportation services are available for older adults and persons with disabilities. Information about routes, schedules, fares, and special services are available through your public transit agency.
- **Transportation Vouchers Programs:** Area Agencies on Aging, Aging and Disability Resource Centers, and other social service organizations often provide fare assistance programs that enable qualified persons (usually economically disadvantaged older adults or persons with disabilities) to purchase vouchers for transportation services at a reduced rate. The vouchers are then used to pay for services from a participating transportation provider that can include public transportation, volunteer programs, or taxis and other private companies.
- In addition to the services described above, some communities have **mobility managers** who can guide you through the transportation resources and services that are available. Mobility managers know the community-wide transportation service network and understand how it operates. Their main focus is to assist consumers in choosing the best options to meet their individual travel needs. Contact your local aging organization or public transit agency to determine if a mobility manager is available in your area.
- [National Aging and Disability Transportation Center](#)
- [National Association of Area Agencies on Aging: Transportation Resources](#)

⁵⁵ http://www.eldercare.gov/eldercare.net/public/Resources/Brochures/docs/Trans_Options_Panels.pdf



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Transitions to Higher Levels of Care

The goal of supportive housing is to ensure long-term housing stability while maintaining each tenant's ability to make choices and live as independently as possible. Most tenants prefer to remain in their homes for as long as possible. As tenant needs increase, some may need higher levels of care than what a supportive housing provider is able to accommodate. Tenants experiencing severe health crises and challenges might not find the level of care they need in supportive housing, and therefore may discharge to residential care facilities, hospice care or nursing homes. Providers should make every effort possible to keep tenants housed in their own homes, but there should also be strategies in place for tenant transition plans. This requires knowledge of the terminology, types of care settings, and alternative community-based programs that can safely prolong a senior's independence in supportive housing. The provider should establish collaborations with long-term care facilities, hospitals and residential substance use treatment facilities that could provide more intensive services if that time comes. Having services staff regularly assess clients for new accommodations needs can help anticipate these needs with enough time to secure the resources.

End of Life Planning and Care

Most people prefer to spend their last days in their own homes when it's possible.⁵⁶ Support staff in supportive housing know tenants well and tenants may be more comfortable communicating their end-of-life needs in this setting than in less service-enriched housing. Finally, elderly individuals often experience some anxiety or fear of aging and end-of-life. Therefore, it is crucial to have staff with geriatric training that can help guide seniors through this process and plan for end-of-life care. Additional training and support for all staff may be needed for supportive housing that includes elderly tenants. End of life care often involves connecting with a tenant's family, close friends or community support contacts. Some tenants do not have family to support them as they approach their end of life process, and it is generally the supportive housing primary service providers who must provide this very intensive and personal support.

[Click here to access Pathways Home project and service profile.](#)

A note on assisted living vs. supportive housing

Although assisted living plays a key role in the continuum of housing and service options for vulnerable elders, it is important to understand how this model differs from permanent supportive housing. Both models provide a range of supportive services targeted to the needs of older adults, but assisted living facilities typically provide a wider array of more intensive services and are certified and regulated at the state level. Assisted living facilities

⁵⁶ <https://www.americanactionforum.org/insight/a-better-approach-for-end-of-life-planning/>



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have 24 hour staffing, provide assistance with medication management, personal care, housekeeping and provide most meals. Many assisted living facilities have special units for memory impaired individuals. Typically an elder might move from supportive housing to assisted living if the need for more assistance becomes necessary.





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VI. Healthy Aging in Quality Supportive Housing: Services – Staffing and Services

Service Program Staffing

As in any supportive housing project, appropriate staffing needs should be considered for projects that target and serve vulnerable elders and those with needs for higher levels of support. Whether your service program is a new one that targets vulnerable elders or one that is being modified to accommodate those aging in place, it is advisable to have staff who understand the needs of aging tenants and have had experience with geriatric populations. If current staff do not have this expertise, supportive housing providers should partner with organization that do, or provide trainings on service those who have geriatric conditions and those who are frail and have mobility impairments in addition to other complex conditions. Staff should also be trained to support residents during their end of life, helping tenants understand their options, connect with family and help manage logistics. It is a best practice for caseloads to be small for this population (no larger than 40:1 generally and 14:1 for those with complex conditions⁵⁷) to allow for more intensive services and support.

Staff members are consistent sources of meaningful support: Vulnerable elders often require more intensive support than younger residents in supportive housing and many do not have the family supports like elders in the general population who live in senior housing. Therefore, service provider staff often fill the roles that family members often fill for supporting those who are aging – assisting with benefits access, managing legal paperwork, advocating for services, providing meaningful social and celebratory experiences and managing the logistical, psychological and emotional aspects of transition periods throughout an elder's tenancy.

Essential Staff Roles: Housing projects that target vulnerable elders or those who are accommodating aging in place will likely find that new staff roles are needed to better meeting the needs. Training existing staff in new expertise areas is essential, but completely new types of service roles will likely be needed. These roles can be newly hired staff or service partners who come on site.

It may be beneficial to have an integrated service provider and property management team who are both trained to identify geriatric health issues, cognitive difficulties and the need for new supports like activities of daily living. For scattered site developments, this could

⁵⁷ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)

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be a very closely coordinated team that can identify these issues together.⁵⁸

- On-site nurse practitioner to assist with acute medical needs, psychosocial services, preventative services and links to primary care (once per week is recommended).
- Behavioral health provider
- Behavior health case manager
- Rehabilitation specialist (as needed)
- Resident service coordinators (see below)

Service Partnerships: Very few supportive housing providers can provide every service that vulnerable elders may need throughout their lives, so collaborations and partnerships are necessary. These can take the form of service coordination through referrals with “warm handoffs,” having partners come on site to provide services, or integrating services with partners to serve vulnerable elders in a new service site such as an onsite clinic. Service partnerships differ by type, but all partnerships should commit to serving vulnerable elders, have similar partnership goals, fill one another’s service gaps and follow through on commitments.

Resources:

- [Leading Age’s Toolkit for Building Health and Housing Partnerships for Older Adults](#)
- [Guidance: Developing Health and Housing Partnerships](#) in Supportive Housing
- [HUD’s Resident Services Coordinator Program](#)
-



⁵⁸ Center for Urban Community Services. (2003). *Developing the “Support” in Supportive Housing*, prepared by Tony Hannigan and Suzanne Wagner. http://www.csh.org/wp-content/uploads/2011/12/Tool_DevelopingSupport_Guide.pdf



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VII. Healthy Aging in Quality Supportive Housing: Community Connections

Building Connections to the Community

As the population in supportive housing ages, social engagement is critical to ensuring that residents can safely age at home. The ability to connect with people and places is essential to overall wellbeing, and access to social networks and religious institutions help lower the risk of isolation.⁵⁹ Robust social programs aimed at decreasing social isolation and malnutrition as well as wellness groups that focus on chronic disease and end of life care issues for aging tenants should be targeted to older residents and sufficiently financed. Supportive housing providers must create a culture of healthy aging among their tenants and help build positive relationships and increased community support.

Older tenants in supportive housing may isolate more than younger residents, often as a means of coping with new or compounded health or ability challenges. Cognitive decline or mobility challenges may bring changes to relationships with friends and relatives that provide support. Quality supportive housing requires taking intentional measures to ensure that residents have opportunities to connect within the residential and to the broader communities.

Tenant-centered community connections: Efforts to engage residents in the community should come from an understanding of the tendency for vulnerable elders to isolate due to complex health challenges, transportation issues and the impact of health crises. Simply providing opportunities for social interaction is not enough. Vulnerable elders may need extra encouragement or support to participate in activities. Activities should interest residents and provide value for them. Providers should solicit feedback from residents on the activities they would like to have offered.

Accessible community connections: It is important that both internal and external efforts to engage residents in the community are physically accessible and are at convenient hours and locations. Activities provided offsite should have transportation arranged when possible. Activities should also be appropriate for the population and accessible physically and cognitively.

Coordinated community connections: Providers should be aware of the local community resources provided to elderly residents, as well as the eligibility requirements, and make efforts to coordinate participation in these programs. These programs include

⁵⁹ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)



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local senior centers, activities at the local library, exercise and wellness classes and classes offered at community recreational centers.

Integrated community connections: It is important that planning for community activities is integrated with other housing programming and property management, as some activities may be coordinated by property management staff and others by service program staff. It is also important to have meaningful opportunities for community engagement like leadership opportunities and connecting with cultural centers or family, rather than just social activities.

Sustainable community connections: Sustainable community connections are those can be offered in the long term and meet varying tenant needs and interests. Property managers and providers should coordinate with community partners to ensure that onsite and offsite activities are accessible and can be provided long term.

Property managers and/or service providers can provide on-site recreational and social events that older residents would want to participate in: Bingo games, movie afternoons/nights, peer “buddy” programs for new tenants, special interest groups, classes, workshops and community outings. Some communities offer onsite no-cost classes, social activities and community engagement events. For example, EnAGE in Los Angeles, California uses college-level teachers to engage older adults in a number of different classes and courses from wellness to technology and art classes.⁶⁰



⁶⁰ EngAGE program website: <http://www.engagedaging.org/programs>



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VIII. Healthy Aging in Quality Supportive Housing: Property Management

Providing quality supportive housing for vulnerable adults requires accommodating and flexible property management practices that will meet short-term environmental needs and long-term needs that allow tenants to safely age in place. As this toolkit has illustrated, housing presents a unique challenge for the senior population with its higher prevalence of fixed income, physical disability and limited mobility. Some existing supportive housing requires only modest environmental modifications, but in a scattered-site model, significant rehabilitation is often needed to make buildings and units accessible.⁶¹ Modest capital improvements may include: distinct entryways to apartments, ramps, accessible kitchens and bathrooms, grab bars, emergency communication and adaptive technologies. Adherence to Universal Design principles and the creation of dementia-friendly spaces are key examples of how providers are improving accessibility to help maintain independence.

Tenant centered property management

Staff educates tenants on their rights and responsibilities as lease holders. Tenant assessments and feedback should inform needed unit modifications that go beyond the minimum ADA requirements. Vulnerable elders will likely need additional support with rental applications, unit leases and other housing paperwork. This may include special accommodations for the hearing impaired, the cognitively impaired and those with vision issues.

Accessible property management

Tenants move into housing quickly when housing is accessible and available. Accessible housing accommodates varying backgrounds, cultural needs and physical accessibilities. Property managers should develop a clear process for tenants to request unit accommodations and ensure a fast turnaround when making these accommodations. Leading practices go further this, anticipating modifications outside of legal requirements to allow tenants to age safely and comfortably, and to prevent tenants from entering institutions.

Coordinated Property Management

Coordinating across housing and service systems is of incredible importance for meeting the needs of vulnerable elders. When coordinating property management activities, property management staff works closely with service providers and landlords to ensure tenants sustain stable housing. This can include establishing a communication strategy for when tenants require accessibility adaptations or need modifications to facilitate in-home care and supports. This also involves having a clear emergency protocol that is communicated to

⁶¹ [Home to Stay: Quality Supportive Housing for Aging Tenants](#)



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all involved partners across systems, as well as to tenants. Emergency personnel should be able to easily access a list of tenants requiring mobility assistance in the event of an emergency. Property managers should also be aware of behavioral health crisis protocol and should have 24-hour access to crisis support for their residents.

Integrated Property Management

Independence and choice are paramount in supportive housing. When property management is integrated, tenants have a lease just like anyone else. Tenants are also able to choose from multiple housing units in the community if options are available. This can also be choice in unit configuration or color scheme. This can be particularly important for vulnerable elders who may benefit from visual features and cues that can help with memory loss issues.

Sustainable Property Management

Sustainable property management means that units are maintained and managed over time to meet the needs of tenants. This includes regular repairs and unit modifications as required by law and when possible, unit features that go beyond legal requirements to meet long-term needs. Unit sustainability requires a quick turnaround on unit modification requests and repairs. It also requires seeking and securing the funding to accommodate features, structural changes and equipment that may be funded by various sources.

Housing Unit Modifications

Vulnerable elders entering supportive housing may need unit adaptations that differ from younger tenants due to mobility issues and early onset geriatric conditions. Tenants who have been aging in place find themselves in housing units that were designed to meet their needs at a time when their needs were less complex. Meeting needs that will vary over time requires making accommodations for the long term that continuously support tenants as they age.⁶²

Property modifications include structural changes, the installation of special equipment and adjusting the location of items like furniture. Unit modifications promote independence and make living spaces safer and more secure. Examples of modifications for tenants with disabilities are:

- ***Structural changes:*** widening hallways and doorways, adding a first-floor bathroom, ramps, stair lifts

⁶² https://www.metlife.com/assets/cao/foundation/SeniorHousing_Ent.pdf



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- **Features, equipment and technology:** grab bars, handrails, removable shower heads, phones for hearing impaired, monitoring technology, monitoring and alert systems, brighter lighting, emergency lights, rugs/carpets fastened to floor, adjustable-height closet rods
- **Assistive devices:** bath/shower benches, walkers, canes, emergency pull chords and buttons, wheelchairs, Braille, magnification devices
- **Changing location/configuration:** moving furniture, raised furniture, raised toilet seats, lowered beds, lowered counter tops

Property managers in supportive housing often respond to ADA accommodations requests⁶³ as they arise, though, more proactive measures can be taken. Some developers and property managers employ Universal Design⁶⁴ elements that anticipate issues than may arise for tenants aging in place and provide for future home care needs.⁶⁵ The majority of existing supportive housing units does not have one or more of the five key elements of universal design that are beneficial for elders: no-step entry, single-floor living, wide doorways and hallways, accessible electric controls and switches and lever-style doors and faucets. Costs to make these upgrades can be rather prohibitive and resources vary by locality.

Paying for unit modifications: Unit modifications can be cost prohibitive for property managers, especially if modifications include expensive equipment, appliances or renovation. Medicaid can help finance certain accessibility modifications in many states, though funding them in this way can only happen if there are no other sources of funds to cover them. Other sources vary by state and locality and include Consolidated Plan funds, State Housing Finance Agency programs, Veterans Administration programs, Vocational Rehabilitation Programs and State Assistive Technology programs.⁶⁶ There are also local grants and publically-funded programs that can pay for adaptations like unit modifications.

Resources:

- [Locate your area's Center for Independent Living](#)
- [National Resource Center on Supportive Housing & Home Modifications](#)
- [State Assistive Technology Programs](#)
- [Home Modification Resource Guide](#)
- [The Center for Aging Services Technology](#)
- [Principles of Universal Design](#)

⁶³ Federal law requires reasonable unit modifications from both private and federally-assisted rental housing for tenants with disabilities. Landlords participating in the Housing Choice Voucher program are not required to pay for unit modifications, but they must permit them.

⁶⁴ A detailed overview of Universal Design is provided in the next section.

⁶⁵ https://www.metlife.com/assets/cao/foundation/SeniorHousing_Ent.pdf

⁶⁶ [Housing Capacity Building Initiative for Community Living: Reasonable Modifications Under Fair Housing Laws and Potential Funding Sources](#)



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- [Local Low-Income Housing Tax Credit Sources for Home/Unit Modifications](#)
- [Home Improvement Structural Alterations](#) Program (funds some modifications for veterans)
- [Wells Fargo Housing Foundation](#) (funding for supportive housing providers that target adults with disabilities)

Physical Supports for Geriatric Conditions

Preventing Falls

Older tenants in supportive housing are prone to falling at younger ages and falls are the leading cause of injury for this population. This can lead to hospital stays and serious health conditions. Project and unit design features and intentional furnishings can help prevent falls as tenants age. These include installing grab bars in bathrooms and elsewhere in the unit, installing ample lighting in the unit and in common areas, ensuring there are no tripping hazards in furnishings such as low stools and tables, and considering built-in furniture that could be used as support.⁶⁷ The CDC also recommends a number of health and wellness practices to prevent falls, including having regular eye exams, evaluating medications for side-effects, and promoting exercise for balance.⁶⁸

The Cathedral Square Corporation in Vermont recently piloted a model for better coordinating on-site health services to help aging residents stay independent, a program called Support and Services at Home (SASH). In its first year alone, the SASH program helped reduce falls by 22 percent and hospital admissions by 19 percent. Those outcomes translated into an estimated \$40 million in healthcare savings, mostly from Medicare.⁶⁹

[Click here to access CSH project profile on Mercy Housing Lakefront](#)

Adaptations for cognitive impairment and dementia

Intentional design features or modifications can be made to a housing project's physical environment and in units to lessen the challenges of dementia. The use of color has been particularly effective in helping tenants navigate their environment and remember concepts over details, reinforcing spatial memory. Woodside Place, an assisted-living community in Pennsylvania, incorporated the use of different colors for resident units that matched staff uniform colors, which were easier for residents to remember. Resident

⁶⁷ http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014-ch4.pdf

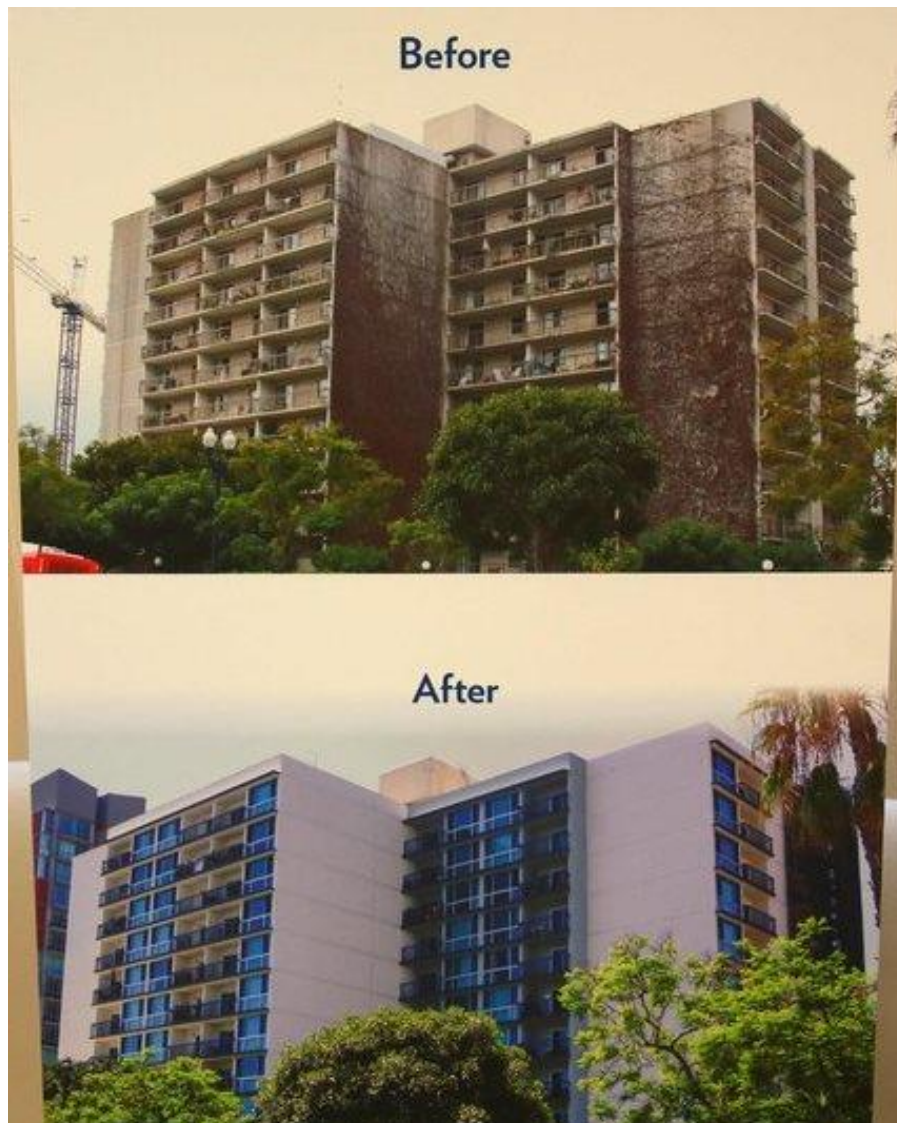
⁶⁸ http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014-ch4.pdf

⁶⁹ http://www.leadingage.org/uploadedFiles/Content/About/CAST/Newsroom/Cathedral_Square_Corporation_Cast_Study.pdf

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hallways are themed with themed art installations that serve as environmental landmarks and visual cues.⁷⁰



⁷⁰ Adapted from: How subtle, clever architectural decisions can help people living with dementia.

<http://www.upworthy.com/how-subtle-clever-architectural-decisions-can-help-people-living-with-dementia?c=upw1>



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IX. Healthy Aging in Quality Supportive Housing: Project Design

Project design and administration is the process of planning and leading the supportive housing project, including key decisions about physical structure, team members and funding. This generally refers to new single-site or scattered site housing projects, though it can also involve remodeled housing developments.

Whether the supportive housing project is a new or remodeled one, the design of it is a comprehensive process that requires considerations for how tenant needs may change over time, and how environmental and physical features and service programs can work together to meet tenant needs in every stage of his/her life. New projects should also pay special attention to considerations of quality when designing the project. The project should aim to meet the needs of vulnerable elders by ensuring that the new project or remodel is tenant centered, accessible, coordinated, integrated and sustainable.

Tenant Centered Project Design

Tenant centered project design involves feedback and participation in the planning and design process, and a commitment from project stakeholders to ensure that tenants are able to thrive in the housing. This requires an understanding of the unique needs of vulnerable elders mentioned above. Involving input from this population when designing a project can include holding focus groups, having representatives from the population involved in project planning, surveying the population and hosting facilitated meetings to solicit community feedback.

Involving various housing project stakeholders in the project design process will lead to better understanding of short and long-term needs of staff, service partners and most importantly, the tenants. Housing that targets seniors should also consider connecting with other supportive housing providers or project developers that serve the same target population to build anticipated future tenant needs into the project design.

Accessible Project Design

An accessible project is affordable to tenants, is physically accessible in an accessible location and accommodates the special needs of tenants. Though there are not often many choices as to the location of a single- or scattered-site housing development, the project site, building and units can be designed in a way that makes them more accessible to vulnerable elders.



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The project may require some specific design considerations. For example, as health is such a large need area for vulnerable elders, having no health clinics, hospitals or health centers nearby could hinder access to these needed services. A project may find that it would best serve tenants to build an on-site medical and/or mental health clinic operated by the housing project team and partners or, for example, to provide the space for a partner agency such as a Federally Qualified Health Center to operate a full-service or satellite clinic.

On-site healthcare

One approach to design, mentioned above, would be to build a space for a Federally Qualified Health Center (FQHC) into the supportive housing project and contract with a FQHC to operate a full-service or satellite clinic in the space. Often, most new tenants are already connected to health care and will not transfer to the on-site FQHC. Planning for this approach must therefore include a careful assessment of demand for health care services in the community, and due diligence around legal and funding restrictions that such a model may bring.

Other possible on-site amenities to consider that may require build-out

New housing projects might consider multi-use areas, rooms or spaces on site, depending on the size of the site, funding, zoning restrictions and other various factors. Many single-site housing projects, especially newer projects, are going beyond housing units only. In the design of a housing project that serves vulnerable elders, consider the following amenities:

- **On-site community or senior centers:** These could be great spaces for on-site service delivery through partnership with a community senior center. Alternatively, the space could act as a community center for various populations in the community, which could increase social opportunities for vulnerable residents who tend to isolate.
- **Fitness rooms:** the site might consider these to promote health and wellness, though it is advisable to seek advice from projects that have incorporated fitness centers or gyms to ensure that tenants will use these spaces.
- **Communal kitchens:** Communal kitchens are a great amenity to promote tenant socialization and can serve as spaces for tenants to host friends and family, host resident events or to serve as a space for cooking meals for residents who are not able to do so, and to host cooking classes to support residents who are able to cook.
- **Outdoor spaces:** outdoor spaces should be planned carefully to ensure they are accessible for tenants with mobility issues. Designated outdoor smoking areas are strategies that can be built into design to prevent tenants from smoking in their



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rooms, if housing rules require them to not do so. Outdoor spaces can also include recreational spaces, gardens, small parks and patios.

- **Learning/technology centers:** Vulnerable elders may not have their own technology devices or the internet. A learning center or computer lab could provide the means for tenants to communicate with friends and family retrieve information and learn how to use technology.
- **On-site retail:** Some housing projects are multi-use and include ground-floor retail space. This space could be used in a number of different ways from renting it to an external business or launching a social enterprise that benefits vulnerable elders (e.g. café with social activities, convenience store, a restaurant that could make meals for residents, etc.).

Plan project near transportation lines

Some communities offer financial incentives for developing projects along transportation lines. According to several supportive housing providers profiled in this toolkit, the lack of transportation is a barrier to accessing many services and community amenities and can lead to missed appointments and isolation. Anticipating this need during the design process can bring more options than managing the problem as it arises.

Developers can plan sites near transportation lines when possible, or work with the community to determine the feasibility of extending transportation service to the location of the housing site (altered bus/tram route).

Build a transportation program or service into the plan

When there are no transportation options within a few hundred feet, the project could consider building a transportation program into site and service program operations. This could include:

- Partnering with local agencies to create a public transportation stop at the residence site (bus, tram, subway, etc.)
- Securing dedicated vehicles such as vans managed by property management (single site) or the service team (scattered site)
- Considering innovative partnerships: use of special education school buses, collaboration with Uber or Lyft (use of taxi vouchers for these services for on demand senior transport, or explore a grant opportunity)
- Maximizing the existing resources in the community (see Services section above).

Unit design for accessibility

Accessible unit design is configuring units and including features that meet tenant needs in the long term. This includes structural accommodations like wide hallways and doors,



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larger size rooms and bathrooms, storage closets for scooters and no-step entry ways. Features include grab bars, lowered counter tops, adjustable-height closet rods, emergency pull chords, adjustable-height furniture and raised toilet seats. The use of Universal Design features in housing is a best practice for serving populations of any age, including vulnerable elders – though, it should be noted that vulnerable elders require some accommodations that are not specifically mentioned in Universal Design resources. See the Sustainable Project Design section below.

Resources:

- [CSH Resource Guide for Developing and Operating Supportive Housing](#)

Coordinated Project Design

In coordinated supportive housing projects, the housing partners (developer, property manager and services providers/partners) work collaboratively to ensure that all housing and service operations are coordinated with clear communication and written agreements when needed. When designing a project for vulnerable elders, it is crucial to consider the many different healthcare system partners that will need to be engaged to effectively serve tenants as they age. It is also important to consider the way the physical environment can facilitate or hinder independent and safe living. Involving key stakeholders in the project development team with intentional efforts to coordinate design will result in a project that better meets the needs of vulnerable elders. This includes involving members of the tenant population, service partners, and property management staff. Including peer organizations that have developed similar housing projects will help mitigate risks and can bring new insights and ideas to your project, whether it's single- or scattered-site.

Integrated Project Design

Integrated projects meet or exceed community standards and housing and community partners collaborate throughout the project design process.

Sustainable Project Design

Designing sustainable projects means that the project will remain financially viable in the long-term and can remain affordable. This also means, for the aging population, that the building and units can accommodate the unique needs of vulnerable elders now, as well as their changing needs as they age in place.

Some developers have employed **Universal Design** principles into their developments as a way to anticipate aging in place and accommodate increasing needs for in-home care and



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physical supports. *Universal Design*⁷¹ provides a comprehensive framework for addressing housing accommodations by using features and products that make homes safer and more comfortable, that promote independence and that are flexible to allow for changing physical configurations when needed. Some units may need to abide by ADA guidelines and others may simply need to have built-in adaptability in the case that tenants require accommodations. In addition, universal design aims to increase health and social participation.⁷² Required elements of universal design standards include barrier-free or adaptable showers; extra-wide stairs, hallways, and doors to accommodate those in wheelchairs, reachable switches and outlets, a fully accessible bathroom on the ground floor of the building, step-free entranceways, rocker-panel light switches, non-slip floor areas, installation of kitchen sink/drainpipes/countertops at a lower height and lever-style handles.⁷³

There are also unique physical unit features that developers often overlook when designing a project for vulnerable elders. One common need among vulnerable elders is a space to charge mobility equipment like scooters. As residential units for seniors can often be small, there is also the need to store mobility equipment. **Potiker City Heights Residence**⁷⁴, an affordable and supportive housing project in San Diego, California, used lessons learned from a previous housing project to incorporate features that meet these unique needs. The project built storage closets into resident hallways that had raised electrical outlets for charging scooters. This gave residents a place to store and charge their scooters so they would not up space in their units. Other lessons learned included:

- Residents worry about their safety in the event of an emergency. Developing a comprehensive emergency evacuation plan in case of emergencies. This includes ensuring that emergency professionals know which residents/units require special assistance during evacuation.
- Many vulnerable elders rely on electricity for mobility equipment, in-home care equipment, communications, medications, etc. Residents worry about power outages and how that might impact their lives. Housing projects that have generators can minimize these fears and provide a way for residents to have power after an emergency or natural disaster.
- Units with full-size refrigerators better accommodate vulnerable elders who receive meal deliveries. This population often keeps several days' worth of frozen meals stored in their kitchens after acquiring these meals or having them delivered. The small refrigerators provided in many supportive housing units are not large enough

⁷¹ The Seven Principles of Universal Design are outlined here: <http://nhl.org/online/issues/148/housingforall.html>

⁷² Habitat for Humanity pilots universal design principles: <http://www.buffalo.edu/news/releases/2016/07/016.html>

⁷³ http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/jchs-housing_americas_older_adults_2014-ch4.pdf

⁷⁴ <http://www.cityheightssquare.com/>



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to accommodate multiple frozen meals, drinks and in some cases, medications as well.

Resources:

- [Universal Design Principles](#)





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X. Healthy Aging in Quality Supportive Housing: Funding and Policy Considerations

Funding for new supportive housing projects that target vulnerable elders

Developers of permanent supportive housing have been successfully creating housing for the older adult and elder populations using a variety of resources. Many such developments have been financed using sources of capital and operating funding that are not specifically targeted to this population. These sources, which include state and local capital funds, the Low Income Housing Tax Credit, the Federal Home Loan Bank Affordable Housing Program, Housing Choice Vouchers, and state and local rental subsidies, are those that have been commonly used in the development of permanent supportive housing for persons experiencing homelessness of any age. Of particular note, over half of the people currently served with Veterans Affairs Supportive Housing (VASH) vouchers are elderly.

In addition to these funding sources, HUD Section 202 is the primary dedicated funding source for capital and operating funds for developments targeted to low income elders. Going forward, HUD has proposed to concentrate new Section 202 funding in operating contracts, with capital coming through other sources. Although Section 202 developments do not automatically contain the robust services needed in permanent supportive housing, this funding can be combined with supportive services targeted to the needs of homeless elders in all or some of the units in a given development. Regardless of the funding source used to develop them, targeting units of housing to older adults and seniors who have experienced homelessness can both facilitate the inclusion of design features to address issues of aging and allow for the development of a package of services in line with best practices.⁷⁵ For example, 11 states incentivize the use of Universal Design in the allocation of Low Income Housing Tax Credits. HUD has also periodically offered Assisted Living Conversion Program (ALCP) grants to adapt affordable housing to a higher level of service need to allow residents to age in place.

Experimentation is occurring with different financing models for transitioning people out of institutional care. “Money Follows the Person” (MFP) initiatives have offered states incentives to develop transition projects.⁷⁶ Although the majority of those transitioned have been younger adults with intellectual and physical disabilities, an evaluation by Mathematica indicates that residents aged 65 and older who have been transitioned to the community under MFP have improved quality of life.⁷⁷ For people who do not need full nursing home care, such transitions frequently result in reduced public expenditures, on an individual if not system-wide basis. CSH’s FUSE program is a close analogue. Right-sizing the nursing home stock and adding more independent, community-integrated options in compliance with the Olmstead mandate is an important policy trend for the elderly

⁷⁵ https://www.chapa.org/sites/default/files/ELI_policypaper_final.pdf

⁷⁶ James, Wiley, & Fries, 2007

⁷⁷ Simon & Hodges, 2011



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supportive housing stakeholder community. While Medicaid, the main payer of nursing home expenses for this population, is barred by statute from paying for “room and board” outside of a clinical setting, states are experimenting with supportive housing programs that are funded by reinvested savings from avoided health care expenditures.

Lack of coordination between Medicare and Medicaid is a particular policy challenge for the elderly supportive housing population. In late 2015, states began participating in demonstration programs to improve care for people who are dually eligible for both Medicare and Medicaid, by testing different financing models and improving alignment between the two programs. Despite progress, work remains to be done to ensure that Medicaid-funded tenancy support services are available to the dual population. In addition, the Independence At Home (IAH) demonstration has shown promise for funding long term care for Medicare recipients. Participants remain in their communities and receive coordinated, multi-disciplinary medical care for their long term health challenges, and the program is financed by savings compared to more intensive long term care. Congress is working to expand IAH into a permanent program, and will hopefully take into account the challenges of serving a dual eligible population.

Despite the high stakes, public policy has failed to keep pace, underestimating the profound nature of the demographic transformation now underway. As a result, the United States is dramatically unprepared for the challenges that lie just ahead.⁷⁸ **This unprecedented growth may drive a need for increased funding specifically to serve aging adults in housing settings as well as reconfiguration of existing funds.** CSH is working on the following policy changes:

- Allow for adjustments to supportive housing service contracts that were intended for a younger population so that providers can tailor their services to the unique needs of older, formerly homeless adults.
- Create specialized services for frail, formerly homeless adults who are in need of but not eligible to receive until they are 62 years old. This will allow providers to begin screening and treating for geriatric services early and will result in improved health outcomes and decreased costs for treating aging individuals.
- Develop or facilitate the use in permanent supportive housing of state funded in-home personal care and domestic support services designed to help tenants maintain their independence in housing.
- Create or expand upon existing interagency collaboration to include state departments on aging and Medicaid in policy development with regard to older adults and elders who are homeless or at-risk of homelessness.
- Expand the use of Pay for Success or savings reinvestment strategies to create supportive housing for the most expensive users of health services who could live independently in the community.

⁷⁸ Healthy Aging Begins at Home – Bipartisan Policy Center



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Pay for Success: A Financing Mechanism for Successful and Innovative Programs

Pay for Success refers to the concept of performance-based contracting between government and the organizations responsible for implementing a given intervention, typically non-profit organizations. Under this model, impact is measured rigorously and government makes “success payments” based on results; not on activities. This focus on paying for positive social impact, rather than paying for services performed, helps ensure that incentives are properly aligned to achieve social impact and provides a mechanism for government to ensure it pays only for what works. PFS financing mechanisms support PFS programs by providing the upfront working capital required to implement an intervention that is proven to create value over time but requires a significant start-up investment. This upfront capital investment can be provided by institutional investors as well as philanthropic sources, which typically receive a modest return on investment and the potential for success payments depending on the intervention’s performance. The savings generated by the successful execution of the intervention can be used to repay the investors, and/or can be reinvested into the project, allowing further growth.

PFS can be used to implement a range of interventions, but pairs particularly well with an intervention like supportive housing with a strong evidence base showing its impact. Further, the greatest impact in terms of both outcomes and potential cost savings or avoidance can result from a focus on a vulnerable target population with high costs in the status quo such as elders. Studies such as [“A Research Note: Long-Term Cost Effectiveness of Placing Homeless Seniors in Permanent Supportive Housing”](#) document significant potential cost savings that can result from ensuring that elders have access to integrated and supportive housing in the community that meets their needs. Communities interested in creating supportive housing for vulnerable elders should consider whether PFS can be a tool to help further these efforts. PFS financing can be used as supportive services funding, rental subsidy or both. For more information, please visit www.csh.org/pfs.

50% By 2017
Projected Americans Age 50+
- Source: US Census Bureau



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XI. Appendix A: Supportive Housing Project Profiles & Service Program Features

Project Profiles

[Commons at Buckingham, Columbus, Ohio](#)

[The Domenech, Bronx, New York](#)

[Hearth at Olmstead Green, Boston, Massachusetts](#)

[Mercy Housing Lakefront, Chicago, Illinois](#)

[Mercy Housing Mission Creek, San Francisco, California](#)

[Parkside Apartments, Kewanee, Illinois](#)

[Pathways Home, Chicago, Illinois](#)

[Potiker Family Senior Residence, San Diego, California](#)

[Whalley Terrace, New Haven, Connecticut](#)

Service Program Features

[Elders Living at Home Program \(ELAHP\)/ Services to Help At-Risk Elders \(SHARE\)](#)

[Heartland Health Outreach Pathways Home Service Program](#)

[Program for All-Inclusive Care for the Elderly \(PACE\)](#)



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XII. Appendix B: **General Resources for Healthy Aging in Quality Supportive Housing**

Nationwide Agencies

- [Area Agencies on Aging](#)
- [Centers for Independent Living](#)
- [National Council on Aging](#)
- [American Association of Retired Persons](#)
- [Medicare](#)
- [Medicaid information by state](#)
- [The Center for Aging Services Technology](#)
- [National Aging and Disability Transportation Center](#)
- [National PACE Association](#)

General Articles, Research and Policy

- San Francisco Chronicle: [Fast Aging Homeless Population May Lead to Homeless Crisis](#)
- Chicago Alliance to End Homelessness: [Homeless Over 50: The Graying of Chicago's Homeless Population](#)
- Stat News: [Dying on the Streets: As the Homeless Age, a Homeless System Leaves them Behind](#)
- The Conversation: [How the Homeless Population is Changing: it's Older and Sicker](#)
- Reuters: [Homeless People Face Age Related Conditions Earlier than People with Homes](#)
- The Columbus Dispatch: [Homeless Aging Before their Time](#)
- Milwaukee Neighborhood News Service: [Special Report: Homeless Older Adults Face Unique Challenges](#)
- Study: [Homelessness Speeds Arrival of Geriatric Problems](#)
- HUD: [Long-Term Cost Effectiveness of Placing Homeless Seniors in Permanent Supportive Housing](#)
- Bipartisan Policy Center: [Healthy Aging Begins at Home](#)
- US News and World Report: [Put an End to Senior Homelessness](#)
- [The Indiana Housing and Community Development Authority: Aging in Place Study](#)



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- CSH: [Ending Homelessness Among Older Adults and Elders Through Permanent Supportive Housing](#)

Services and Service Partnerships

- SAMHSA: [Building service programs in PSH: Evidence-Based Practices Kit](#)
- Leading Age: [Housing and Healthcare: A Toolkit for Building Partnerships](#)
- Enterprise Community: [Conducting Resident Assessments in Affordable Senior Housing](#)
- Leading Age: [A Tool to Assess Housing Residents](#)
- Checklist: [Agency Competencies for Working With Aging Tenants in Supportive Housing](#)
- Checklist: [Supportive Housing Agency Self-Assessment](#)
- Checklist: [Medicare's Discharge Planning Checklist](#)
- [Health Plan Enrollment in the Capitated Financial Alignment Demonstrations for Dual Eligible Beneficiaries](#)
- Think Progress: [Solving the Growing Health Needs of America's Elderly Homeless](#)
- [Integrating Medical and Social Services: A Pressing Priority for Health Systems and Payers](#)
- ASPE: [Overview of Home and Community Based Waiver Services and Medicaid](#)
- [State Health Insurance Assistance Program](#)
- [Tips and Techniques for Supporting Residents with Alzheimer's Disease Using the Habilitation Model: A Guide for Staff in Independent Senior Housing](#)
- [Tips and Techniques for Supporting Residents with Mental Illness: A Guide for Staff in Housing for Older Adults](#)
- [PACE and Medicare/Medicaid Payments](#)
- [Adult Day Services Centers in the U.S.](#)
- [Home and Community Based Services for Medicaid Beneficiaries](#)
- [About Home and Community Based Services](#)
- [Home and Community Based Services Funded Through Medicare and Medicaid](#)
- [Administration on Aging In-Home and Long-Term Care](#)
- [Promoting Emotional Health and Preventing Suicide: A Toolkit for Senior Living Communities](#)
- [Depression and Anxiety: Screening and Intervention](#) (issue brief)
- [Expanding Home and Community-Based Behavioral Health Services for Older Adults](#) (issue brief)



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- [Financing and Sustaining Older Adult Behavioral Health and Supportive Services](#) (issue brief)
- [Substance Use Among Older Adults Treatment Improvement Protocol](#)
- [Center for Substance Use Prevention](#)
- Centers for Disease Control and Prevention: [Healthy Aging](#), [Healthy Brain Initiative](#)
- U.S. Administration on Aging's [Care Transitions Resources](#)
- CMS: [Community-Based Care Transitions Program](#)
- CMS: [Partnership for Patients](#)
- [Medication Management & Care Transitions Online Training Course](#)
- [CHAMP Geriatric Medication Management Toolkit](#)
- [Area Administration on Aging Medication Management Resources](#)
- [Center for Medical-Legal Partnerships](#)
- AOA: [Area Agencies on Aging Legal Resources](#)
- [Elder Justice Coalition](#)
- [National Committee for the Prevention of Elder Abuse](#)
- U.S. Department of Justice: [Elder Justice Initiative](#)
- [American Bar Association's Commission on Law and Aging](#)
- [National Council on Aging's Elder Advocacy Toolkit](#)
- [National Aging and Disability Transportation Center](#)
- [National Association of Area Agencies on Aging: Transportation Resources](#)
- [HUD's Resident Services Coordinator Program](#)
- CSH: [Home to Stay: Creating Quality Supportive Housing for Aging Tenants](#)
- CSH: [Best Practices for Serving Aging Tenants in Supportive Housing](#)
- CSH: [Working with Aging Tenants in Supportive Housing: Connecticut Providers](#)
- CSH: [Promoting Healthy Aging in Supportive Housing](#)
- CSH: [A Lifetime of Independence: Recommendations to the New York Supportive Housing Task Force](#)
- CSH [Guidance: Developing Health and Housing Partnerships](#) in Supportive Housing

Property Management and Project Design

- [Principles of Universal Design](#)
- Checklist: [Agency Competencies for Working With Aging Tenants in Supportive Housing](#)
- Checklist: [Supportive Housing Agency Self-Assessment](#)
- [How Subtle, Clever Architectural Decisions Can Help People Living with Dementia](#)
- [SH Integrated Models Toolkit \(IHDCA\)](#)



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- Enterprise Community: [2012 Green Communities Single and Multifamily Universal Design Specifications](#)
- CSH: [Home to Stay: Creating Quality Supportive Housing for Aging Tenants](#)
- [Locate your area's Center for Independent Living](#)
- [National Resource Center on Supportive Housing & Home Modifications](#)
- [State Assistive Technology Programs](#)
- [Home Modification Resource Guide](#)
- [Principles of Universal Design](#)
- [Home Improvement Structural Alteration](#)
- Funding source: [Wells Fargo Housing Foundation](#)

